Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),					Complete If Known				
·					Application Number 10/811,230				
FEE TRANSMITTAL					Filing Date March 2		26, 2004		
for FY 2006				First N	First Named Inventor Seshadri Gang		guli et al.		
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Kelly		elly M. Stouffer		
TOTAL AMOUNT OF PAYMENT		(\$) 130.00		Art Uni	Art Unit 1762		<u> </u>		
				Attome	Attorney Docket No. AP		APPM/005975.P2/CPVL/B/PJS		
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account Deposit Account Number: 50-1074/005975.P2/CPI/L/B/PJS Deposit Account Name: Patterson & Sheridan, L.L.P									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
·	G FEES Small <u>Entity</u>		SEARCH FEES Small Entit		_,				
Application Type	Fee (\$	44.		ee(\$)	Fee(\$)	<u>Fee(\$)</u>	Small Entity Fee(\$)	Fees Paid (\$)	
Utility	300	150	ŧ	500	250	200	100		
Design	200	100	•	100	50	130	65		
Plant	200	100		300	150	160	80 200		
Reissue	300	150	5	500	250	600 0	300 0		
Provisional	200	100	•	0	0	U	U	Small Entity	
Z. EAGESS CEANIN FEES									
Fee Description Each claim over 20 (including Reissues)									
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
<u>Total Claims</u>					Fee Paid (\$)			Dependent Claims	
20 or		×.		-			<u>Fee (\$)</u>) <u>Fee Paid (\$)</u>	
HP = highest number of total ctalms paid for, if greater than 20.									
Indep. Claims			<u>Fee(\$)</u>	<u>re</u>	e Paid (\$)				
- 3 or HP= X = HP = highest number of independent claims paid for, if greater than 3.									
] · · · · · · · · · · · · · · · · · · ·									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total offeets Exact offeets									
Face Daild (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Terminal Disclaimer Fee 130,00									
SUBMITTED BY Registration No. OF 400 742 603 4944									
Signature	M	WIUN	ledy		(Attomey/Agent)	25 A.A.		-623-4844	
Name (Print/Type)	Robert W	. Mulcahy					Date Jan	uary 10, 2007	